24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
9-9-9 FUND	C C00504241	
	0 00004241	
Check If 24-hour report 48-hour report New report Amends report fi	iled on 11 16 2011	
Full Name (Last, First, Middle Initial) of Payee	Date	
ACCULINK INC	M M / D D / Y Y Y Y	
Mailing Address 1055 SW GREENVILLE BLVD	11152011	
	Amount	
City State Zip Code	7500.00	
GREENVILLE NC 27834	Transaction ID : SE.4185	
	Office Sought: House State: IA	
VOTER CONTACT MAIL Outsign 77 Type 004	Senate District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure:	X President	
HERMAN CAIN	Check One: Support Oppose	
Calendar Year-To-Date Per Election	Disbursement For: Primary General	
for Office Sought	12 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
AMERICA DIRECT INC	M M / D D / Y Y Y	
Mailing Address 1272 CORPORATE PARK DRIVE	11	
12/2 CORPORATE FARK DRIVE	Amount	
City State Zip Code	10000.00	
FOREST VA 24551	13000.00 Transaction ID : SE.4184	
Purpose of Expenditure Category/	Office Sought: House State: IA	
VOTER CONTACT MAIL VOTER CONTACT MAIL Output Output	Senate District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
HERMAN CAIN	Check One: Support Oppose	
	Disbursement For: Primary General	
for Office Sought	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	20500.00	
	7 7 7	
(b) SUBTOTAL of Unitemized Independent Expenditures		
·	7 7 7	
(c) TOTAL Independent Expenditures		
	7 7 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert		
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political		
party committee) any political party committee or its agent.		
SCOTT B MACKENZIE	M M / D D / Y Y Y	
[Electronically Filed] Date	04 24 2012	
Signature		

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
9-9-9 FUND	C C00504241
Check If 24-hour report	
Full Name (Last, First, Middle Initial) of Payee INFOCISION MANAGEMENT CORP	Date
Mailing Address 325 SPRINGSIDE DRIVE	11 15 2011 Amount
City State Zip Code AKRON OH 44333	2872.00 Transaction ID : SE.4183
	e Sought: House State: IA Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: HERMAN CAIN Check	ck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 2872.00 Disbut	ursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type Office	e Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure: Check	President Oppose
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	2872.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	23372.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
SCOTT B MACKENZIE [Electronically Filed] Date 04	4 24 2012
Signature	